Guide to the

Computerized Screening Assessment (2004)

Maine
Office of Substance Abuse
for
The State of Maine
Department of Corrections
and
The Maine Judicial Department (Drug Court)

Version 2.0

2004

Authors:

Greg Graves, M.A.
Rick Bell, B.B.A.
JamiesonHartGraves Consulting

<u>Introduction</u>

This Guide is designed to highlight the current operating version (March 2004) of the Computerized Screening Assessment (CSA) within the State of Maine. The CSA is currently administered across prison, community corrections, and drug court populations. The CSA automatically measures the offender's level of substance use severity (i.e., alcohol and drug dependence) so that referrals are made to an appropriate level of substance abuse treatment.

This Guide is primarily written for correctional and criminal justice professionals who are directly involved with offender case management and treatment planning. The Guide provides a general overview on the CSA that is not highly technical, including easy-to-follow "hands on" instructions on how to specifically administer this tool to offenders.

In February 2004, JamiesonHartGraves Consulting completed an exploratory research study that examined the data from the CSA for the Maine Office of Substance Abuse. We encourage readers to refer to the recent document, <u>Computerized Screening Assessment: Data Analysis Report</u> (Greg Graves and Rick Bell, 2004), for a comprehensive overview on the severity levels within the Maine offender population. The Data Analysis report explores the distribution of severity levels across prison, community corrections, and drug court populations between 1999 and 2004. In addition, some data runs are conducted to explore the validity of the severity levels.

The CSA Guide is divided into the following five sections:

- <u>Section I: Overview of the CSA</u>: reviews the development of the CSA and provides information on the reliability and validity of the tool;

- <u>Section II: Using the CSA to Make Recommendations</u>: describes how the CSA assists Administrators and Correctional/Criminal Justice personnel in making a treatment recommendation on an offender;

- <u>Section III: Administering the CSA</u>: outlines the requirements in administering the CSA. Appendix B contains a related Tutorial Sheet to assist Administrators/offenders completing the CSA;

- <u>Section IV: Other Issues in Administering the CSA:</u> summarizes outstanding issues such as confidentiality, the validity of self-report data, staff awareness, and information sharing.

Section I: Overview of the CSA

The origins of the Computerized Screening Assessment (CSA) are traced back to an earlier paper and pencil version (i.e., hand administered) of a State wide screening assessment that was completed at the Maine Department of Corrections (DOC) in 1999. The screening battery for the current version of the CSA includes the same questionnaires used during the "paper and pencil" exercise conducted in 1999.

The CSA forms the entry point for offenders entering the Differential Substance Abuse Treatment (DSAT) system. Refer to the DSAT model report (June 1999)[1] for an overall strategy on the development and implementation of a correctional assessment and treatment system.

The questionnaires in the CSA were selected because they are: 1) brief, 2) relatively easy to administer and score, 3) easy to interpret given appropriate norms, and 4) widely used instruments with demonstrated validity in the research literature.

The early "hand administered" version of the screening assessment was an inherently inefficient method for administration requiring significant assessor time and labor to score and interpret the results of the questionnaires. The CSA now automatically administers the questionnaires, scores them, compares the scores to norms and provides an interpretive print out that can be used for both classification and treatment motivation purposes.

Readers are encouraged to refer to the recently produced Maine Office of Substance Abuse document, Computerized Screening Assessment: Data Analysis Report (Greg Graves and Rick Bell, 2004), for a comprehensive overview on the distribution of severity levels within the Maine offender population between 1999 and 2004. This includes prison, community corrections, and drug court clients.

The Computerized Screening Assessment is an automated screening assessment tool used to refer offenders to appropriate levels of services within the DSAT system. It is beyond the scope of the current Guide to provide a detailed analysis on the DSAT system.

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[1] Graves, Greg (M.A.) and Rotgers, Frederick (Psy.D.),"Differential Substance Abuse Treatment Model": Developed for the Maine Office of Substance Abuse and the Maine Department of Corrections on a grant provided by the U.S. Department of Health and Human Services, Center for Substance Abuse Treatment Augusta, ME (1999).

It may be useful, however, to provide a basic summary on how the DSAT procedures are applied to offenders, starting with the CSA:

1) Conduct Computerized Screening Assessment;
2) Share results with appropriate professional staff;
3) Recommend an appropriate level of Comprehensive Assessment;
4) Conduct Comprehensive Assessment;
5) Provide a Treatment Recommendation;
6) Deliver Motivational Enhancement Treatment[2];
7) Deliver Institutional Differential Treatment;
8) Deliver Community Differential Treatment.

CSA Enhancements (2004)

In 2004, we made a number of enhancements to the operation of the CSA. Please refer to the following overview list:

1. Expanded Screening Populations

Original:

- Institution

New:

- Community Corrections

- Drug Court

2. Screening Login

First screen presented from **CSA Survey Application** module.
- Provides secure login to the CSA; user must have a password to begin a screening.

- Also as part of the login process, the user selects the offender population for the screening and the site location where the offender is located.

- **CSA Utility Application** module manages the password, which can be changed in the **Settings** feature of that module.

- Also, **CSA Utility Application** provides management feature for population names (called **Client Sources**) and **Screening Locations.**

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[2] This may include a Pre-Treatment Service in the Community.

3. New Layout for Screening Assessment Reports.

Two Reports:

- Screening Assessment Report - Part I
- Screening Assessment Report - Part II

Appendix A contains samples of these screening reports with details on their improvements.

Key Features:

- Ability to select print/not print each of these reports, if a printer is/is not available at the screening site.

- Print copy setting is available for each population group. If user chooses to print these reports at the end of a screening, CSA currently prints 1 copy of the reports for any offender from the populations of Community Corrections, Drug Court, or Institution.

- The print copy settings are managed in the **CSA Utility Application** under the **Client Sources** area**.**

4. Screenings Report

This report was added during the CSA upgrade for a networked version in 2001. Available in the **Screening** category of the **Reports** menu of the **CSA Utility Application**, the report lists all screenings conducted during a data range supplied by the user.

5. Changing System Settings

Please discuss any change with system managers first. We recommend only the CSA administrator(s) should change the settings described above.

Composition of the CSA

The CSA is composed of six brief questionnaires that are administered to the offender by the computer. These questionnaires measure two primary characteristics of substance abuse problems: severity of dependence on substances and the degree to which the individual has experienced negative consequences of his/her substance use. These two primary characteristics have

been shown by research to be related to risk of criminal behavior. Research with correctional populations has also shown that severity of substance use problems correlates very highly with risk of future criminal behavior (DSAT Model Report, 1999). That is, the more severe the offender's substance use problems, the greater the likelihood of future criminal behavior. The CSA directly assesses severity of substance use problems, and assigns an overall risk/need severity level based on that assessment.

In addition, the CSA contains two measures of readiness to change substance use behavior. These indicators measure the degree to which the offender recognizes that s/he has a substance use problem and is willing to take steps to alleviate that problem. To the extent that an offender is not ready to address substance use problems, there is a need to focus initial treatment more on motivation to change than on changing substance use behavior itself.

The CSA automatically prints two reports at the end of the assessment. The Screening Assessment Report: Part I displays information on the offender's need/risk level. The Screening Assessment Report: Part II contains a print out on all screening items that the offender responded to, with a weight assigned to each response based on its importance.

The specific questionnaires comprising the CSA are divided into two categories:

(i)   those focusing on alcohol-related problems and readiness to change those problems; and,
(ii)   those focusing on drug-related problems and readiness to change.

A brief description of the questionnaires along with the scoring criteria for each follows:

Alcohol-Focused:
Two questionnaires are used to evaluate an offender's alcohol usage and problems related to it, SADD and MAST.

Short Alcohol Dependence Data (SADD). The SADD (Raistrick, Dunbar & Davidson, 1983) is a fifteen-item scale that is sensitive to alcohol dependence. Respondents answer the items using a four-point scale (Never / Almost Never, Sometimes, Often, Always / Nearly Always) to indicate the extent to which various alcohol dependence-related events have happened to them. Scores are calculated by summing client responses according to the following key:

Never / Almost Never	0
Sometimes	1
Often	2
Always / Nearly Always	3

When answering the SADD questions, the offender is asked to refer back to the one-year period prior to arrest in order to represent his "typical intake" pattern with respect to his/her alcohol use.

Michigan Alcoholism Screening Test (MAST). The Michigan Alcoholism Screening Test (MAST) (Selzer, 1971) is a measure of drinking-related events that is cumulative across the respondent's life span. Responses are given various weights that are then summed to yield a score that reflects the weight of cumulative consequences of alcohol use across the respondent's lifetime. The MAST has also been scaled to yield ranges of severity of problems with drinking (Miller & Marlatt, 1984).

Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). The SOCRATES (Miller & Tonigan, 1996) is a scale that measures readiness to change problem behaviors with respect to alcohol (i.e. the degree to which the respondent is ready to stop drinking), and to enter treatment. For the SOCRATES there are three "scales". Ambivalence (A) which taps the degree to which the respondent is unsure about the benefits of changing his/her drinking and "on the fence" about whether or not to change his/her drinking. Recognition (R) measures the extent to which the respondent recognizes that his/her drinking is a problem that needs to be addressed. Taking Steps (T) assesses the extent to which the respondent has begun to actually make changes in drinking or drinking-related behavior.

Respondents rate themselves according to a five-point scale (ranging from Strongly Disagree to Strongly Agree) on each statement. The score is calculated by summing the responses to items associated with each of the three scales.

Drug-Focused:
Two questionnaires are used to evaluate an offender's drug usage and problems related to it, SDS and DAST.

Severity of Dependence Scales (SDS). The SDS (Gossop, Darke, Griffiths, Hando, Powis, Hall & Strang, 1995) provides an objective measure of severity of dependence (also known as "addiction") for up to three client-nominated drugs, other than alcohol.

The offender is initially asked if s/he used drugs at all prior to incarceration. If the answer is "no" the offender discontinues the questionnaire. If the answer is 'yes" the offender is then asked to indicate up to three drugs s/he used on a regular basis (defined as at least once a month) over the preceding year. The offender then answers five questions, using a four-point scale response format, for each of the three drugs s/he used most regularly prior to incarceration.

When answering the SDS questions, the offender is asked to refer back to the one-year period prior to arrest in order to represent his/her "typical intake" pattern with respect to his/her favorite substances.

A score is obtained for up to three drugs used. Scoring is based on assigning points to each response and summing across all responses for a particular drug. Responses are coded as follows:

> Never/Almost Never   0
> Sometimes   1
> Often   2
> Always/Nearly Always   3

Higher total scores indicate greater severity of drug dependence, hence a more significant need for treatment.

Drug Abuse Screening Test (DAST). The DAST (Skinner, 1982) is a comparable instrument to the MAST for assessing consequences resulting from drug use that have accumulated over the respondent's lifetime. As with the MAST, the respondent answers each question either "Yes" or "No".

In scoring, the DAST responses are summed across all the items in the questionnaire.

Stages of Change Readiness and Treatment Eagerness Scale-Drugs (SOCRATES-D). The SOCRATES-D is similar to the SOCRATES in that it measures readiness to change problem behaviors, although with respect to drug use, rather than alcohol (i.e. the degree to which the respondent is ready to stop using drugs), and to enter treatment for drug abuse. The SOCRATES-D yields the same three scales as the SOCRATES: Ambivalence, Recognition, and Taking Steps, and is scored and interpreted in the same way as the SOCRATES.

Section II: Using the CSA to Make Recommendations

The CSA makes the process of assigning offenders to a level of treatment intensity as easy as possible. Because the CSA is a screening instrument, its recommendations are not definitive or final, and must be verified by a Comprehensive Assessment conducted by a DSAT facilitator.

The information produced from the CSA contains all of the information necessary to make a referral to an appropriate level for the Comprehensive Assessment . The severity levels on the Screening Assessment Reports serve to guide offenders into one of five levels of substance abuse programming. These five interventions range from an education and prevention intervention for those with

minimal substance use and no substance use problems through slightly more intensive interventions for those with mild to moderate problems, and finally to intensive treatments for those offenders with substantial or severe substance abuse problems.

The Screening Assessment Reports are used in the same manner when providing referrals for women offenders. However, the women-based treatment services have been collapsed to four levels (instead of five).

The CSA provides two types of reports for effecting these recommendations:

(i) The Screening Assessment Report I shared with the offender during the screening and comprehensive assessment process. This Report contains a specific treatment intensity recommendation along with a graphic representation on the offender's severity of alcohol and drug dependence.

(ii) The Screening Assessment Report II provides a listing on every item scored on the CSA questionnaires, including the offender's positive responses that are associated with their overall severity rating. This is provided to the DSAT facilitator who conducts the CA to validate the CSA level placement, and for use in the Motivational Enhancement Treatment and subsequent Cognitive Behavioral Treatment.

Section III: Administering the CSA

The CSA is simple to administer—the computer does most of the work. The computer administers the questions, ensures that all questions are answered and provides the final printout on command immediately following completion of the test items. Nonetheless, the Administrator does have several tasks that must be accomplished in order for the CSA to be administered properly and accurately.

We recommend close monitoring of screenings run concurrently on the CSA. Indications suggest that more than 4-5 multiple screenings run simultaneously may cause inaccurate calculations in the scoring (progress bar displayed at this time) of the CSA . Please be watchful of messages from the CSA indicating issues from concurrent screenings.

The Administrator's tasks include:

1. Providing a brief description to the offender on how the CSA works, including the purpose of the screening assessment. Refer to next section in the Guide: *Introducing the CSA to the Offender* for complete details of the Administrator's first contact with the offender;

2. Determining that the offender is able to input answers into the CSA;

3. Providing direct assistance to offenders with low literacy levels or disabilities (e.g., sitting down at the screen with the offender and completing the CSA);

4. Providing clear instructions to offenders who are completing the CSA with minimal assistance (see Appendix B: <u>Entering Responses into the CSA</u>);

5. Supervising/supporting the offender(s) while they are completing the CSA (e.g., answering specific questions from the offender during administration);

6. Reviewing the Screening Assessment Report Part I with the offender at the end of the CSA.

7. Internally reviewing the Screening Assessment Report Part II for the treatment providers and designated correctional and criminal justice personnel.

Introducing the CSA to the Offender:

It is important that the Administrator make the offender feel as comfortable as possible sitting down at the computer and taking the CSA. Most offenders will not have experienced computer-administered testing and will need some orientation to the computer and how to input their responses.

The Administrators begin by providing the offender with a brief overview on sequence and timelines.

We highly recommend that all Administrators are fully immersed in the principles and strategies of Motivational Interviewing as a method to conduct the most effective screens.

Sequence

The order of the CSA screening battery is as follows (alternating between alcohol and drug questionnaires):

1) SADD (Short Alcohol Dependence Data)
2) SDS (Severity of Dependence Scales)
3) MAST (Michigan Alcoholism Screening Test)
4) DAST (Drug Abuse Screening Test)
5) Socrates A (Stages of Change Readiness and Treatment Eagerness Scale)
6) Socrates D (same as above for Drugs)

The CSA prompts the offender to complete the questionnaire according to the following timelines:

1) Questionnaires 1 and 2 (SADD and SDS) based on the twelve months before arrest;
2) Questionnaires 3 and 4 (MAST and DAST) over an entire lifetime; and,
3) Questionnaires 5 and 6 based on how the offender feels right now.

In most cases, offenders will have no difficulty completing the last four questionnaires (3-6) because the timelines are clear and unambiguous. However, several offenders may require additional support on how to complete questionnaires 1 and 2. In particular, offenders with multiple convictions may experience difficulty because the time period refers to the "twelve months before arrest". It may be necessary to shorten the time frame from 6 month to 2 or 3 months if the offender has a history of multiple offenses with minimal time on the street. It is important to guide the offender to locate a time period whereby s/he was using substances according to their "typical" pattern while on the street (not under any legal restrictions). "Typical" may include excessive use for several offenders (e.g., those scoring "Substantial" and "Severe").

Appendix B contains a "Tutorial Sheet" on the Administration of the CSA provides helpful tips on how to guide the offender through the computerized screening assessment:

Section IV: Other Issues in Administering the CSA

This section addresses other issues regarding administering the CSA.

Confidentiality of CSA Reports

The CSA Assessment report is only distributed to the offender and the appropriate correctional and criminal justice personnel. It should not be given to anyone else without the offender's signed release. If the offender wishes to share his/her report with someone else, that is his/her prerogative, but Administrators should take steps to ensure that no other distribution of reports occurs.

Concerns about Validity of Self-Reported Information

Most administrators are concerned that the information they gather is valid and truthful. This concern is addressed in the CSA in several ways. First, the offender must answer all items, ensuring that there is no missing information. Second, the program prevents the offender from moving back more than one questionnaire to prevent opportunities to "fudge" the data. Finally, the CSA is administered by computer.

Research has consistently shown that computer administered assessments obtain data that is equal in accuracy to, if not more accurate than, information gathered by a human interviewer face to face. This is the case because the social cues that we use to gauge another person's reactions to what we are saying, and to adjust how we are presenting ourselves, are absent in the interaction with a computer. The computer also does not "prompt" particular types of answers. There is no way to "read" the computer to learn what the intent of the questions is. All of these factors make computer administered assessment an accurate and cost-effective way of gathering data in sensitive situations.

Research has also shown that people generally like the interaction with the computer and are at least as honest as they are in a face-to-face interview with a human interviewer. Nonetheless, the CSA is designed to be a stand-alone assessment, but should always be verified by a DSAT facilitator, who is responsible for the Comprehensive Assessment.

Finally, the recent CSA Data Analysis Report (2004) contains new empirical evidence supporting the validity of the self-report information gathered in this tool.

It is important to briefly outline the function of the screening assessment when compared to a Comprehensive Assessment. The screening assessment provides the first brief "snapshot" about the degree of an offender's severity. The CA is more "in-depth" and confirms whether the screening assessment was

accurate in the first place. In addition, the CA uncovers more information on the nature and extent of the relationship between the offender's substance use and criminal behavior. Once the screening and comprehensive assessments are completed, an informed recommendation can be made about the offender's overall treatment plan.

Staff Awareness

CSA Administrators have the knowledge and expertise on how the CSA operates. As such, they are expected to conduct brief "Staff Awareness" sessions with correctional and criminal justice staff. The key objective of these sessions is to explain how the CSA operates and functions to provide offender referrals into the DSAT system. The sessions can be held formally in meetings or informally take place with your colleagues over the course of a regular working day.

Information Sharing

CSA Administrators are highly encouraged to work closely with the Management Information Services (MIS) department at the Maine DOC to ensure the integrity of the CSA data. It is incumbent on the Administrators to maintain excellent record sharing with MIS on a weekly basis. The records can be used to collect maintenance information (e.g., records to delete and backup information) and technical problems that may emerge. Administrators who work in close co-ordination with the MIS department are more likely to ensure the proper management of the CSA database.

Appendix A:
Sample Screening Assessment Reports Parts I and II

We have added new text to better explain the severity data. Please refer to the following sample appearing of reports Part I and II:

> **Please note:**
> Your screening score is based on your responses and offers you an initial snapshot of your dependence to alcohol and drugs. This first step will be combined with a one-to-one meeting with your treatment provider to set a more comprehensive assessment of the nature and extent of your use. The screening assessment and the comprehensive assessment are combined together to get an accurate picture of your dependence (None, Low, Moderate, Substantial, Severe).

Consistent titling type size, style, and font for all CSA Reports.

Now, titles on reports match names in Reports Menu for easier identification.

Screening Assessment Results - Part 1

Report 12

Client Name:
MDOC: N/A
CSA ID: 2495

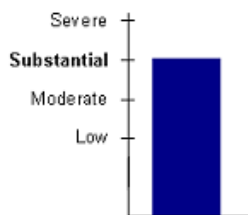Changed label from "Client ID" to "CSA ID" on all reports.

Source: Drug Court
Location: Aub

Source and Location added to all Individual Reports

Your Severity Level is *Substantial*

Bold highlight on Severity Level graph.

Severe
Substantial
Moderate
Low

Persons who fall in this range have experienced significant problems with alcohol or drug use, and report mild to moderate symptoms of physical dependence. It is often difficult for these individuals to function day to day without alcohol or drugs.

Screening Assessment Results - Part 1

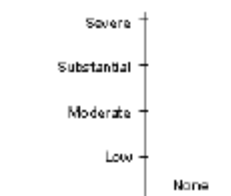Client Name
MDOC: 2144
CSA ID: 33

Source: Institution
Location: MCC

Severe
Substantial
Moderate
Low
None

Your Severity Level is *None*

Persons who fall in this range have either not reported using any alcohol or drugs or have never experienced any problems with alcohol or drugs, even minor ones.

New: Severity Level "None" has no graphic bar indicator, only text at base of Y-Axis.

SADD	SDS	MAST	DAST
13	11 67	26	27

Please note:
Your screening score is based on your responses and offers you an initial snapshot of your dependence to alcohol and drug. This first step will be combined with a one-to-one meeting with your treatment provider to set a more comprehensive assessment of the nature and extent of your use. The screening assessment and the comprehensive assessment are combined together to get an accurate picture of your dependence (None, Low, Moderate, Substantial, Severe).

New: Actual screening instrument scores listed on the report (useful for comparison of hand-administered screenings.)

New Explanation text.

Screening Assessment Results – Part 2

NEW Format

Additional Information regarding severity, source, and location of respondent.

Column reformatted for better organized.

Name: CYNTHIA ANNETTE MOORE
CSA ID: 1877   MDOC: 43384

Severity: 5 - Severe

Source: Institution
Location: MCC

Survey/ Q#	Question	Response	* Response Weight
SDS1: Cocaine			
2	Did the prospect of missing a fix or dose or not chasing the drug make you anxious or worried?	Always/Nearly Always	+++
3	Did you worry about your use of this drug?	Sometimes	+
4	Did you wish you could stop using the drug?	Often	++
5	Did you find it difficult to stop using or go without this drug?	Often	++
SDS2: Prescription Drugs			
1	Did you think your use of this drug was out of control?	Often	++
2	Did the prospect of missing a fix or dose or not chasing the drug make you anxious or worried?	Often	++
3	Did you worry about your use of this drug?	Sometimes	+
4	Did you wish you could stop using the drug?	Never/Almost Never	
5	Did you find it difficult to stop using or go without this drug?	Always/Nearly Always	+++
SDS3: Heroin			
1	Did you think your use of this drug was out of control?	Always/Nearly Always	+++
2	Did the prospect of missing a fix or dose or not chasing the drug make you anxious or worried?	Always/Nearly Always	+++
3	Did you worry about your use of this drug?	Never/Almost Never	
4	Did you wish you could stop using the drug?	Sometimes	+
5	Did you find it difficult to stop using or go without this drug?	Sometimes	+
MAST			
1	Do you feel you are a normal drinker?	No	++
2	Have you ever awakened the morning after some drinking the night before and found you could not remember a part of the evening before?	Yes	++
3	Does your wife, husband, partner or parents ever worry or complain about your drinking?	Yes	+

New SDS 1, 2, and 3 labels indicate first, second, third drugs of choice. Now, new report logic prints ONLY valid SDS responses. Making report shorter and better organized.

BOLD survey hdgs.

Tuesday, February 03, 2004

* Response Weights (by increasing weight): [none], +, ++, +++ ☆

Page 2 of 5

More room for question text leads to less wrapping. So report is shorter and more readable.

New Response Weight column for clear understanding of screening results for all tests. Includes Response Weight key at bottom of each page.

Fewer pages (max is 5...was 6; min 4).

Example Showing Explanation Text on *Screening Assessment Report – Part 2*

Screening Assessment Results - Part 2

Report 13

Please note:

Your screening score is based on your responses and offers you an initial snapshot of your dependence to alcohol and drugs. This first step will be combined with a one-to-one meeting with your treatment provider to set a more comprehensive assessment of the nature and extent of your use. The screening assessment and the comprehensive assessment are combined together to get an accurate picture of your dependence (None, Low, Moderate, Substantial, Severe).

Name: CYNTHIA ANNETTE MOORE
CSA ID: 1877   MDOC: 43384

Severity: 5 - Severe

Source: Institution
Location: MCC

Survey/ Q#	Question	Response	* Response Weight
SADD			
1	Do you find difficulty in getting the thought of drinking out of your mind?	Often	++
2	Is getting drunk more important to you than the next meal?	Sometimes	+
3	Do you plan your day around when and where you can drink?	Nearly Always	+++
4	Do you drink in the morning, afternoon and evening?	Nearly Always	+++
5	Do you drink for the effect of alcohol without caring what the drink is?	Nearly Always	+++
6	Do you drink as much as you want regardless of what you are doing the next day?	Nearly Always	+++

New Explanation text (provided in report header, so it's only on the first page).

Appendix B:
Tutorial Sheet - Administration of the CSA

Review the <Enter> and <Tab> keys with the offender. These keys help to guide the offender while moving through the on screen instructions and questionnaires:

- <Enter> is used to move to the next item in the testing sequence;

- <Tab> is also used to move to the next item in the testing sequence;

Refer to Appendix B: <u>Entering Responses on the CSA</u> for additional instruction on how to use either the keyboard or mouse to complete the CSA screens.

Steps to CSA Administration:

1) Entering Responses Using the Mouse:

Whenever a response can be entered by clicking on a <u>button</u> (as is the case in all of the questionnaires themselves, but not in the demographic section) position the pointer over the button that represents your response and click the <u>left</u> mouse button <u>once</u>. When your response is registered, the computer will take you to the next question after you click the "Next Question" button.

2) Entering Responses Using the Keyboard:

Each response button has either an <u>underlined</u> letter or an underlined <u>number</u> (usually <u>Y</u> for "yes" or <u>N</u> for "no", or a number from 1-4). Answers to these items can also be entered by using the mouse or by hitting the corresponding letter or number on the keyboard. The computer will then take you to the next question.

3) Backtracking Within a Single Questionnaire:

The offender is permitted to backtrack to any response in the questionnaire currently being displayed. This is done by clicking the left mouse button on the "Previous Question" button on the screen or by using the keyboard to press the letter "P".

4) Backtracking Within the Overall CSA:

The offender is only permitted to go back to the questionnaire immediately preceding the one currently being administered. This is done by clicking the "Previous Questionnaire" button or by using the keyboard and pressing the letter "Q".

The "Previous Questionnaire" button first appears on the second questionnaire screen (SDS). Once the preceding questionnaire is reviewed and any changes made, the offender can simply click on "Next Question" until s/he reaches the next question that remains unanswered.

NOTE: The computer remembers all of the responses entered, even though the offender has backtracked.

5) Additional Suggestions:

Once the Administrator has introduced the offender to the computer and the CSA, the computer should do the rest of the administration without problem.

If a computer screen completely "freezes" while an offender is completing the CSA then the Administrator can use the "Alt-F4" command as a last resort to exit the CSA screens. At this point, the Administrator must completely restart the screening, which creates a new screening record for the offender. The Administrator must record the original Client ID number and offender's name so that it can be deleted at a later time.

The Administrator should directly and truthfully answer offender questions about the meanings of words, the general intent of the questions, and what will happen with the results. The Administrator must avoid "response bias" by offering the offender hints or suggestions on how to answer any of the questions. The point may appear obvious; please make sure you place limits on the type of information that is exchanged.

The Computer prompts the offender to consider three different timelines when completing the questionnaires. We strongly recommend that the Administrator remind the offender how the timelines work at the start of the screening assessment.

6) Providing the Results Printout and Explaining It to the Offender

The following steps are involved at the point of print out:

- Unless otherwise specified by the Administrator, the CSA automatically prints out the Screening Assessment Reports at the end of the screening assessment;

- The Administrator provides feedback to the offender on the Screening Assessing Report Part I <u>only</u> (the Screening Assessment Report Part II does not go to the offender but is instead used for internal assessment purposes);

- The Administrator provides feedback on the Screening Assessment Report Part I;

- The Administrator briefly explains the Severity level is based on the responses the offender gave the computer about their substance use, not on any outside information;

- The Administrator explains to the offender how the bar chart shows his/her severity level (ranging from None to Severe);

- The Administrator then asks if the offender has any questions and what are their thoughts about their result;

- If the offender expresses surprise, the Administrator should say "I know it can come as a surprise for many people. Now you have some information about yourself to consider." The purpose of any interactions with the offender at this point is to get the offender thinking about the results;

- The Administrator avoids any attempts to convince the offender that s/he "has a problem" or "needs treatment". Those tasks fall to the collaborative decision-making between the treatment provider, case management, and the respective correction or criminal justice personnel. Highlighting a problem too early often increases offender resistance and denial. Try to avoid this at all costs;

- The Administrator explains to the offender what will happen next, have him/her sign any release forms, and thank the offender for his/her cooperation in completing the CSA;

- Finally, the Administrator takes a moment and asks the offender how s/he felt about the CSA.

Appendix C:
Entering Responses into the CSA

There are two ways to enter answers in the CSA:

      1. Using the letters and numbers on the keyboard
      2. Using the mouse

This page describes both methods. During a screening you may use either way or both; the choice is yours.

1. Entering responses using the letter and number keys
Whenever the CSA asks you a question the buttons that go with each answer will have a letter or a number that is underlined. This will most often be a number from 1 to 4 or a letter such as Y (for "yes") or N (for "no"). You can choose your answer by simply pressing the corresponding letter on the keyboard.

If you need to go back to a previous question, you can simply press the underlined letter on the "Previous Question" button and you will be moved back one question. Continue to do this until you reach the question you want. NOTE: You can only go back to the beginning of the questionnaire immediately before the one you are working on.

2. Entering responses using the mouse
The mouse is used in your right hand. If you are left-handed, please ask the Administrator to help you. You use the mouse by putting your right hand loosely on top of it with your index finger (1st finger) over the left mouse button. You move the pointer by sliding the mouse gently across the pad on the desktop and positioning the pointer over the Button for the answer you want to select. Try this several times before you start to make sure you have the hang of it!

Once the pointer is directly on top of the Answer Button, simply tap the left mouse key quickly with your index finger to enter your answer. This is called a "single-click". For all answers except the ones that ask you to write things out (only the first screen you complete) this is the fastest and easiest way to enter your answers.

If you need to go back to a question, you can do so by single-clicking on the "Previous Question" button on the screen and you will be moved back one question. Continue to do this until you reach the question you want. NOTE: You can only go back to the beginning of the questionnaire immediately before the one you are working on.

If you have any questions, please ask the Administrator to demonstrate for you how to use the Keyboard and the Mouse.